FORM NO. 5.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

N. B. McCaw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

2401

(1) PLACE OF BIRTH

County of Abbeville

Township of Calhoun Mills

or

Inc. Town of Willington S.C. Registration District No. 107 Registered No. 8 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Watt Schrimpf (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	—	—	yes	Feby. 13, 1915

(To be answered only in event of Twins or Triplets)

FATHER.	MOTHER.
(8) FULL NAME John C. Schrimpf	(14) NAME BEFORE MARRIAGE Effie Watts
(9) PRESENT POSTOFFICE OF FATHER Willington, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Willington, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Anderson S.C.	(18) BIRTHPLACE Anderson S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 8.30 P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D. T. Cade, M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Willington, S.C.

Given name added from a supplemental report Sept 7, 1915.
E. H. Miller
Deputy Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feby 18 1915 (28) W. H. Andrews Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar Local Registrar.

McCaw.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.